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ABSTRACT

This document presents the nurse practitioner primary care competencies that a national panel of representatives of nine national organizations of the five primary care nurse practitioner specialties--adult, family, gerontological, pediatric, and women's health--identified as necessary for entry-level primary care nurse practitioners. Section 1 presents an overview of the project to identify the core competencies and suggests ways of using the list of competencies when planning and delivering nurse practitioner education. Section 2 details the methods used to identify, validate, obtain endorsements of, and disseminate the competencies. Section 3 presents the actual competencies and subcompetencies, which were selected in recognition of the fact that nurse practitioners are engaged in the diagnostic process, including critical thinking and integration and interpretation of data. Section 4 lists core competencies in the following domains of nurse practitioner practice: management of patient health/illness status; the nurse practitioner-patient relationship; the teaching-coaching function; professional role; managing and negotiating health care delivery

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systems; monitoring and ensuring the quality of health care practice; and cultural competence. The bibliography lists 49 references. The appendixes contain lists of national organizations endorsing the competencies, members of the national panel, organizations represented on the national panel, and organizations represented on the validation panel, as well as selected definitions. (MN)

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Adult, Family, Gerontological, Pediatric, and Women's Health

April 2002

US Department of Health and Human Services
Health Resources and Services Administration
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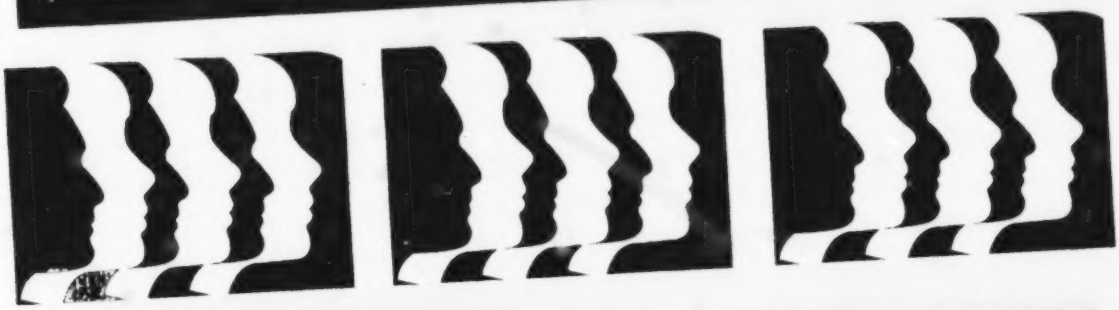
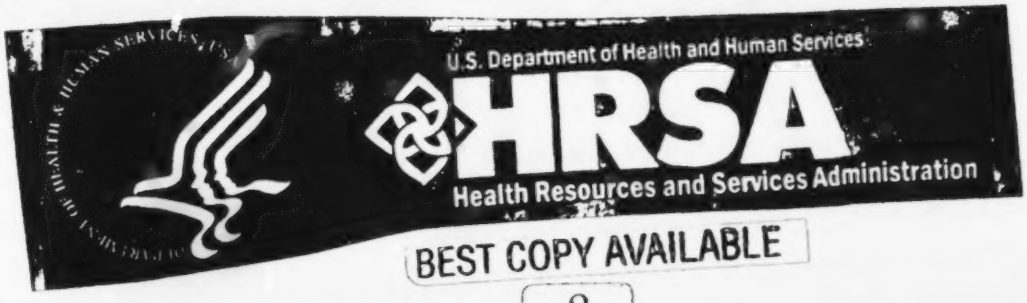
Division of Nursing





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Nurse Practitioner Primary Care Competencies in Specialty Areas:

Adult, Family, Gerontological, Pediatric, and Women's Health

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EXECUTIVE SUMMARY

In August 2000, the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, funded the National Organization of Nurse Practitioner Faculties for this contract to develop consensus-based primary care competencies for nurse practitioners in the areas of adult, family, gerontological, pediatric, and women's health practice. Educational programs in these five areas prepare over three-quarters of all nurse practitioner graduates. The National Organization of Nurse Practitioner Faculties, in partnership with the American Association of Colleges of Nursing, sought broad national participation and provided joint leadership to identify and validate primary care competencies for the five practice areas.

The *National Panel* (see Appendices B and C), representing nine organizations of the five primary care nurse practitioner specialties of adult, family, gerontological, pediatric, and women's health, as well as the credentialing and certifying agencies for nurse practitioners, identified competencies that capture the essence of the needs for the population(s) served in each specialty areas. The panel utilized previously developed core and specialty competencies, role delineation studies, and other existing literature as the basis for their work.

The *Validation Panel* (see Appendix D), broadly representing leaders from nursing practice, education, and accreditation organizations, reviewed the primary care competencies to assess their relevance, specificity, and comprehensiveness for the five practice areas. The Validation Panel overwhelmingly validated the work of the National Panel, suggesting only minor adjustments and additions before finalization of the consensus competencies in fall 2001.

This document describes **entry-level** competencies of graduates prepared as adult, family, gerontological, pediatric, and women's health primary care nurse practitioners (see Section III). The intent is for educational programs to use these specialty competencies in conjunction with the core competencies (see Section IV), as well as the graduate and advanced practice nursing core content, to shape nurse practitioner curricula. These competencies will set the national standard for guiding program development in the five different primary care focus areas and provide the model for the future development of competencies for other specialty-focused nurse practitioner roles.

Section I: Introduction

INTRODUCTION

In 1998, the enactment of Title VIII, Nursing Workforce Development (Health Professions Education Partnerships Act of 1998, P.L. 105-392, November 13, 1998) focused federal attention on the quality of education programs supported by this Title. As part of the implementation of this legislation, in August 2000, the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, funded this project. The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) directed this project to develop national, consensus-based, nurse practitioner primary care competencies in the specialty areas of adult, family, gerontological, pediatric, and women's health practices. The project was undertaken to lay the foundation for identification of competencies in all areas of nurse practitioner primary care practice, promoting high quality and consistency in educational programs.

Background

In 1990, NONPF released the first set of core competencies for all nurse practitioner graduates within a framework of five domains and corresponding competencies. These competencies evolved from the work of Patricia Benner (1984), who described domains and competencies for advanced nursing practice, and the research of Karen Bryckzynski (1989), who explored the clinical practice of nurse practitioners. NONPF adapted the domains from Bryckzynski and incorporated additional nursing literature to develop and further identify nurse practitioner competencies. With input from a coalition of 14 different nursing organizations and extensive input from nurse practitioner faculty, NONPF updated the core competencies and program standards for nurse practitioner education in 1995. This work featured the addition of one domain and new competencies. Further updating of the core competencies in 2000 by NONPF resulted in the identification of a seventh domain.

The core competencies for nurse practitioner graduates build upon nursing knowledge and require graduate level education to achieve an advanced level of nursing practice. AACN outlined this graduate curriculum foundation for advanced practice nursing (AACN, 1996). As described by AACN, advanced practice nursing preparation includes graduate nursing core content (e.g., research, health policy, ethics, and more) and advanced nursing practice content (e.g., advanced health assessment, advanced physiology and pathophysiology, and advanced pharmacology).

Specialty content for nurse practitioner education focuses on diagnosis and management content appropriate to the population served, clinical practice, and the role of the specialty area. Several professional nurse practitioner and nursing organizations, as well as the federal government, are interested in the identification of competencies or guidelines in various specialty areas of nurse practitioner practice as a means of designating educational outcomes to promote patient safety. Until now, national, consensus-based competencies for these nurse practitioner specialties did not exist. This project resulted in the first time availability of comprehensive competencies for the five primary care specialties that describe over 80% of all nurse practitioner graduates.

Standard Setting

Through widespread dissemination and implementation, the core competencies are a gold standard for maintaining and shaping quality graduate degree educational programs. The competencies guide nurse practitioner curriculum development and revision nationally, as well as influence credentialing and accrediting bodies, health policy makers, and the federal government's funding of nurse practitioner programs. They also serve as a model for international nursing organizations developing their own educational framework for nurse practitioner educational preparation. Their wide-reaching sphere of influence has shaped quality nurse practitioner education.

The expectation is for the competencies in the specialty areas of adult, family, gerontological, pediatric, and women's health practices to promote access to quality primary care practice. The nurse practitioner core and primary care specialty area competencies, combined with the graduate and advanced practice core content areas as a total package, provide guidance to educational programs preparing clinicians in these practice areas. These specialty competencies offer potential employers, consumers, and students a clear set of expectations regarding the nurse practitioner role and these areas of specialty practice.

However, as a nurse practitioner gains experience, his/her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. In addition, as the nurse practitioner gains experience, the settings or role in which s/he practices may differ from those described for the entry-level practitioner. Therefore, these competencies describe the standard for nurse practitioners as they enter practice rather than the standard of behavior expected of experienced nurse practitioners.

Competency Based Higher Education

Aside from the goal of promoting high quality and consistency in nurse practitioner education, another impetus for this project is a national trend for professions and higher educational programs to define their purposes and goals. "In education, the real outcome should be defined in educational terms, not in terms of money or jobs. But the message is clear. Institutions of higher learning are going to have to do a better job of explaining what they are asking people to pay for, and what the value of it is" (Chauncey, 1995).

In the past, credentialing, certification, and accreditation emphasized the amount of program resources and description of processes, such as time-on-task, as indicators of quality. Previously professions focused more on processes rather than on demonstration of skills needed to function in the role after graduation. Now and in the future, clear statements of *competencies* and evidence of assessment of how well these competencies are met are and will be the critical emphasis of program and student reviews.

The National Postsecondary Education Cooperative (NPEC) under sponsorship of the U.S. Department of Education is one of several organizations calling for the outline and implementation of competencies. NPEC defined competency "as a combination of skills, abilities, and knowledge needed to perform a specific task" (U.S. Department of Education, 2000). Competencies are the domain or body of knowledge and skills that essentially define a profession or discipline. This domain of competencies guides training programs, provides expectations for employers, and drives the nature of assessment instruments and performance standards for credentialing institutions, certifying agencies, and accrediting organizations (Erwin & Wise, 2001).

Implementation of the Competencies

The demand for competency-driven education at the national level signifies the importance of this project because it identifies competencies for nurse practitioner educational preparation. The competencies delineate the consistent outcomes for the beginning preparation of nurse practitioners in primary care roles; however, this model can serve as the framework for developing competencies in all nurse practitioner areas of practice. Furthermore, this model may be useful in other areas of advanced practice nursing and within other health disciplines.

The extent to which these competencies influence primary care practice depends on their adoption by nurse practitioner educational programs as the basis for student outcome evaluation. Educational programs are obligated to prepare their graduates to meet the evolving demands in the work place. In today's market, this task includes preparing a valuable and knowledgeable worker for the health care delivery system. A comprehensive, competency-based education ensures that graduates have the ability to apply their knowledge, judgment, and skills in their practice roles. The competencies in these five primary care specialty areas provide the framework for educational design. However, nurse practitioner programs face the challenge of developing effective assessment and evaluation tools needed for successful transition to the competency-based curriculum. Educators need reliable and valid measures to evaluate the performance of the student.

This project advances the profession by building on the existing work done in this area by nursing and nurse practitioner organizations and by creating a national consensus for these primary care competencies in specialty areas. The challenge of the future is to ensure that the competencies remain current for primary care practice. The methods used in this project provide a structure for broad-based, periodic review, which will preserve the national consensus for the competencies of nurse practitioner graduates entering primary care specialty areas of practice.

Section II: Methods

METHODS

Overview

NONPF partnered with AACN to provide leadership in developing the national, consensus-based primary care competencies in five specialty areas. The Division of Nursing (US DHHS, HRSA, BHPr) awarded a contract in late summer 2000 to support the development and validation of the competencies with a goal of completion and dissemination by early 2002.

NONPF and AACN outlined two distinct phases to the project. In phase one, a group of representatives from the NP certifying and specialty organizations, the National Panel, would review the existing body of work relative to competencies in the five specialty areas and develop consensus-based competencies. Upon the completion of this work, phase two would involve a group of representatives from NP practice and education, the Validation Panel, to review and evaluate the specialty competencies. The National Panel would utilize the feedback from the Validation Panel to finalize and reach consensus on the competencies. NONPF and AACN would seek endorsement of the primary care competencies in the five specialty areas by the nurse practitioner and nursing community at large before starting broad-based dissemination for implementation in the educational programs.

The organizations identified a joint project team to implement the project. M. Katherine Crabtree, DNSc, ANP, professor in the School of Nursing of the Oregon Health Sciences University and chair of the NONPF Educational Guidelines and Standards Committee, provided co-direction with Joan Stanley, PhD, RN, CRNP, AACN director of education policy. To assist in the project, the co-directors identified a consultant to provide meeting facilitation and project guidance. T. Dary Erwin, director of assessment and professor of Psychology at James Madison University, brought to the project team his significant experience in competency-development and consensus-building. Kitty Werner, MPA from NONPF and Emily Schmid from AACN provided project coordination and administrative support, respectively.

Through the collaboration with nursing organizations in the National and Validation panels, the project team implemented phases one and two of the project. The distinct work of each panel yielded the completion of national, consensus-based competencies in the primary care specialty areas of adult, family, gerontological, pediatric, and women's health.

National Panel

The National Panel was a small working group of representatives from nine nursing organizations charged with identifying and reaching consensus on competencies in the five primary care specialty areas. This panel included representation from the five primary care NP specialty areas of adult, family, gerontological, pediatric, and women's health, as well as the major credentialing and certifying agencies for nurse practitioners. NONPF and AACN identified the criteria for participation as those organizations who certify nurse practitioners and/or have developed competencies or educational guidelines in any of the five specialty areas.

The National Panel convened for the first time in Washington, D.C. in October 2000. During this first meeting, the panel reviewed the existing body of work, including existing competencies and role delineation studies in any of the five primary care specialty areas, and began the process of assembling the competencies in these areas (see "References" for the extensive bibliography of supporting work that provided the basis for the competencies).

Within this initial discussion, the panel recognized the existing core competencies developed by NONPF as the foundation for *all* nurse practitioner practice and built the specialty competencies for the five areas of practice upon these core competencies. The charge to the National Panel was to identify the knowledge and skills that nurse practitioner graduates in each primary care specialty area need to know and be able to perform. During this activity, the panel identified a few additional competencies that cross all specialty areas for inclusion in the core competencies endorsed by the NONPF Board of Directors and incorporated into the core competencies.

In developing the structure for the primary care competencies, the panel agreed to follow the same framework of domains as in the core competencies. One notable exception is in Domain 1, which the panel decided to amend to

"Health Promotion, Health Protection, Disease Prevention, and Treatment." As well, the panel identified three distinct subheadings under this domain emphasizing assessment, diagnosis, and treatment/plan of care.

The project team organized the panel's discussion into a first draft within several weeks after the meeting and circulated the draft for feedback. Incorporating the comments received from the panel, the project team circulated another draft in advance of the second meeting of the National Panel in January 2001. During this second meeting, the National Panel reached consensus on the competencies and agreed that they were ready for validation by an independent panel of practitioners and educators (the Validation Panel). The National Panel helped identify organizations to invite for participation on the Validation Panel resulting in broader representation on the Validation Panel.

At the conclusion of the validation process, the National Panel reconvened in June 2001 to review the feedback and to address minor modifications and proposed additions to the competencies. The panel used additional time over the summer for refining the revisions. In September 2001, the National Panel finalized the consensus competencies for each of the primary care specialty areas.

Validation Panel

The project team used an independent Validation Panel to evaluate the work of the National Panel. The Validation Panel consisted of broad representation of nurse practitioner and nursing related organizations, including perspectives from both practice and education. The project team invited organizations to nominate up to 5 individuals to participate on the Validation Panel using the following criteria for nomination:

1. Individuals should have expertise related to one or more of the nurse practitioner primary care specialty areas addressed in the project (adult, family, gerontological, pediatric and or women's health).

2. Individuals should have expertise related to the issues surrounding the nurse practitioner role or scope of practice as defined by their specific organization and in one or more of the following areas:

    - the education of nurse practitioners;
    - the delivery of primary health care;
    - credentialing of nurse practitioners;
    - regulation of advanced practice nursing;
    - diversity of ethnic groups;
    - accreditation of graduate nursing education programs; or
    - employment of nurse practitioners.

3. Individuals serving on the validation panel must not have participated as a member of the National Panel.

From the organizations' nominees, the project team created a Validation Panel of 86 representatives. The project team recognized that it would be difficult for each member of the panel to evaluate all competencies and divided the panel into five distinct groups, one for each specialty area. The Adult group included 16 reviewers, the Family group had 20 reviewers, the Gerontological group had 18 reviewers, the Pediatric group had 17 reviewers, and the Women's Health group had 15 reviewers. No single organization could have more than four representatives within a single group to ensure equity and balance among the organizations.

NONPF and AACN distributed the competencies to members of each specialty area group in spring 2001. In recognition that the primary care competencies build on the core competencies, the team included the core competencies with the competencies in the particular specialty area. Participants on the Validation Panel were asked to review systematically each competency in the particular specialty area to which they were assigned according to the following criteria:

- **Relevance** – Is the competency necessary? (Yes, no, or don't know);

- **Specificity** – Is the competency stated specifically and clearly? (Yes, no, don't know, and suggested re-wording); and

- Comprehensiveness - In your opinion, if there is any aspect of <specialty> NP knowledge, skill, or personal attributes missing? (Please enter those new competencies).

The validation process demonstrated overwhelming consensus on the competencies. On average, the Validation Panel scored 94% of the competencies within each primary care specialty area as relevant and over 80% of the competencies in each area as specific enough. The majority of comments from the panel related to the need for clarification or refinement of competencies.

The project team used late spring 2001 to compile the evaluations and organize the comments received from the Validation Panel. The team incorporated recommendations for minor editing and clarification but referred back to the National Panel any (1) suggestions for a new competency, (2) recommendations for deletion of a competency, and (3) proposed rewording of a competency. As a result of the validation process, the National Panel made the following changes for each specialty area: for *adult,* the panel added 8 competencies, deleted 4, ended with 41 competencies; for *family,* the panel added 11 competencies, deleted 4, ended with 46 competencies; for *gerontological,* the panel added 4 competencies, deleted 3, ended with 43 competencies; for *pediatric,* the panel added 5 competencies, deleted 3, ended with 41 competencies; and for *women's health,* the panel added 5 competencies, deleted 4, ended with 43 competencies.

Endorsements

At the completion of the work of the Validation Panel in phase II and attainment of final consensus by the National Panel, the project team distributed the primary care competencies in the five specialty areas to nurse practitioner and nursing organizations for endorsement. The organizations participating or invited to participate in the National and Validation Panels received the document in fall 2001 for review with a request for endorsement. As of March 2002, 18 national organizations endorsed the primary care competencies in one or more specialty areas (see Appendix A). The endorsement process will be fluid due to the electronic posting of the specialty competencies.

Dissemination

NONPF and AACN will distribute the printed report broadly to faculty and administrators in nurse practitioner educational programs, as well as deans of nursing programs, through their respective memberships. The posting of the primary care competencies in specialty areas on the organizational Web sites will enhance widespread dissemination. Furthermore, the electronic availability of the competencies will foster global recognition of these quality indicators for nurse practitioner entry into practice in the areas of adult, family, gerontological, pediatric, and women's health.

Section III: Nurse Practitioner Primary Care Competencies in Specialty Areas

NURSE PRACTITIONER PRIMARY CARE COMPETENCIES IN SPECIALTY AREAS:

Adult, Family, Gerontological, Pediatric, and Women's Health

Overview

This document describes *entry-level* competencies of graduates of master's and post-master's programs preparing adult, family, gerontological, pediatric, and women's health primary care nurse practitioners. The competencies delineated for each specialty area of practice are intended to be used in conjunction with and build upon the core competencies identified for all nurse practitioners. The specialty competencies emphasize the unique philosophy of practice for that specialty and the needs of the populations served. Although a number of the competencies described for an individual specialty is performed by all or several of the other specialties, the relative frequency may vary. Therefore, the emphasis on a particular competence by one specialty should not be interpreted as meaning the competence is limited to that specialty and not performed by other specialties.

Regardless of specialty, as a nurse practitioner gains experience his/her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. In addition, as the nurse practitioner gains experience, the settings or role in which she or he practices may differ from those described for the entry-level practitioner.

For each primary care specialty, one competency identifies a minimal set of primary care procedures that graduates in that specialty are expected to perform. Entry-level nurse practitioners should have practical experience in performing the identified primary care procedures whether through direct application or simulated experiences. The graduate will not, however, have achieved the level of proficiency in performing these procedures that comes from years of direct clinical application. Further, the primary care procedures identified for each specialty are a minimum set; the entry-level nurse practitioner may have experience in performing other procedures as determined by his/her academic program and clinical experiences.

Each set of specialty competencies includes a separate section titled, "Diagnosis of Health Status." This section, which is not included as a separate section in the core competencies, was created to emphasize that nurse practitioners are engaged in the diagnostic process, including critical thinking involved in differential diagnosis and the integration and interpretation of various forms of data.

These nurse practitioner core and specialty competencies reflect the current knowledge base and scope of practice for primary care nurse practitioners. As scientific knowledge expands and the health care system and practice change in response to societal needs, nurse practitioner competencies also will evolve. To ensure that nurse practitioner education reflects these changes, it is recommended that these competencies be reviewed and updated on a periodic basis.

ADULT NURSE PRACTITIONER COMPETENCIES

These are entry level competencies for adult nurse practitioners that supplement the core competencies for all nurse practitioners. The population in adult primary care practice includes adolescents and young, middle, and older adults. Although the patient is the individual person, the patient is viewed within the constellation of the family system. The particular expertise of the adult primary care nurse practitioner emphasizes disease prevention, health promotion, and the management of patients with acute and chronic multi-system health problems. Most adult nurse practitioners practice in primary care settings, which include general and specialty practices.

Upon graduation or entry into practice, the adult nurse practitioner should demonstrate competence in the categories described below:

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

The adult nurse practitioner is a provider of direct health care services. Within this role, the adult nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of adult nurse practitioner practice.

A. Assessment of Health Status

These competencies describe the role of the adult nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The adult nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history for adolescents and adults in their respective phases of the individual and family life cycle.
2. Performs and accurately documents complete, system, or symptom-specific physical examinations on adults (including developmental evaluations, physical system evaluations, and behavioral evaluations for each group).
3. Assesses the impact of family, community, environment, home, economic, work, and school environments on an individual's health status.
4. Performs screening evaluations for mental health, substance abuse, and violence.
5. Distinguishes between normal and abnormal change with aging.
6. Assesses adolescents and adults throughout the stages of chronic illness.
7. Assesses for common occupational, home, and recreational exposures that affect health.
8. Assesses the effect of illness and/or injury on the individual:
   a. Functional status.
   b. Ability to work or return to work/school.
   c. Physical and mental status.
   d. Social relationships.

9. Assesses the changing impact and reciprocal effects of acute illness and known chronic health problems in adolescents and adults.
10. Analyzes the multiple effects of pharmacologic agents, including over-the-counter (OTC) preparations and folk remedies, in adolescents and adults with multiple health problems.
11. Assesses the impact of family transitions, such as death, divorce, marriage, employment and retirement, on the health issues of adolescents and adults.
12. Distinguishes ethnic and gender differences in presentation and progression of common acute and chronic health problems in adolescents and adults.
13. Assesses and evaluates vague or ill-defined symptoms in adolescents and adults.
14. Assesses for psychological manifestations of health problems in adolescents and adults.

B. Diagnosis of Health Status

The adult nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the adult nurse practitioner.

1. Discriminates among multiple potential mechanisms causing signs and symptoms of health problems commonly diagnoses in adults and adolescents.
2. Identifies both typical and atypical presentations of commonly occurring health problems in adolescents and adults.
3. Differentiates between signs and symptoms indicating exacerbation and/or remission of a chronic health problem and signs and symptoms of a new problem in adults and adolescents with known health problems.
4. Diagnoses commonly occurring complications of chronic health problems, including psychological/mental health manifestations.
5. Diagnoses commonly occurring acute and chronic health problems in adolescents and adults with an emphasis on multi-system health problems.
6. Diagnoses common mental health and substance abuse problems such as anxiety, depression, obesity, alcohol, and drug abuse.
7. Constructs appropriate differential diagnoses for further investigation or referral in adolescents and adults who present with ill-defined health problems.
8. Recognizes the health impact of multiple demands on adults, such as career, family, parenting, relationships, and finances.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the adult nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Participates in the development and implementation of health promotion programs for adolescents and adults.
2. Designs health maintenance and disease prevention interventions for adolescents and adults.
3. Provides age-relevant health promotion that reflects understanding of gender differences in adolescents and adults.
4. Incorporates prevention for work-related risks and exposures in the plan of care.
5. Provides secondary and tertiary preventive interventions to adolescents and adults with multiple and/or chronic health problems.
6. Provides anticipatory guidance and counseling to adolescents and adults and assists them to cope with the competing concerns of multigenerational family members.
7. Manages commonly-occurring acute and chronic physical and mental health problems in adolescents and adults to promote health, function, and quality of life and reduce disability and complications.
8. Plans for long-term management of common health problems in adolescents and adults.
9. Treats common complications of chronic and/or multi-system health problems in adults and adolescents.
10. Promotes self-care by adolescents and adults within the constellation of the family and/or support system and facilitates their participation in care when appropriate.
11. Evaluates the response of both the individual and the family to the health care provided.
12. Evaluates patient's and/or caregiver's support systems.
13. Performs common primary care procedures, including, but not limited to, suturing, microscopy, and pap tests.
14. Advocates for the patient's/family's rights regarding decision making as appropriate regarding durable power of attorney, advance directives, and other related issues.
15. Facilitates the patient's transition between health care settings, such as home to hospital or nursing home and provides for continuity of care.
16. Applies research that contributes to positive change in the health of or health care delivered to adolescents and adults.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the adult nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

Covered in the core competencies.

III. TEACHING-COACHING FUNCTION

These competencies describe the adult nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Develops, with the patient, interventions appropriate to the patient's needs and values.
2. Demonstrates effective communication skills in addressing sensitive topics with adolescents and adults such as sexually related issues, substance abuse, violence, death, mental health, and other related problems.
3. Negotiates behavior/lifestyle changes with adolescents and adults and supports adoption of healthy behaviors.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the adult nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The adult nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the adult nurse practitioner role. As well, the adult nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Promotes comprehensive care and continuity of care in both primary care and specialty practice.
2. Recognizes the importance of participation in community and professional organizations that influence the health of adolescents and adults and supports the role of the adult nurse practitioner.
3. Interprets the adult nurse practitioner role in primary and specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of adult community-based health services.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the adult nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patients, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Works collaboratively with a variety of health professionals to promote restoration of health and safe optimal functioning of adolescents and adults.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the adult nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review.

Covered in the core competencies.

VII. CULTURAL COMPETENCE

These competencies describe the adult nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

Covered in the core competencies.

FAMILY NURSE PRACTITIONER COMPETENCIES

These are entry level competencies for the family nurse practitioner that supplement the core competencies for all nurse practitioners. The population in primary care family practice includes newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. The focus of care is the family unit, as well as the individuals belonging to the family, however the family chooses to define itself. The family nurse practitioner is a specialist in family nursing, in the context of community, with broad knowledge and experience with people of all ages. Family nurse practitioners demonstrate a commitment to family-centered care. Family nurse practitioners practice primarily in ambulatory care settings.

Upon graduation or entry into practice, the family nurse practitioner should demonstrate competence in the categories described below:

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

The family nurse practitioner is a provider of direct health care services. Within this role, the family nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of family nurse practitioner practice.

A. Assessment of Health Status

These competencies describe the role of the family nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The family nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle.
2. Assesses (a) the influence of the family or psychosocial factors on patient illness, (b) conditions related to developmental delays and learning disabilities in all ages, (c) women's and men's reproductive health, including, but not limited to, sexual health, pregnancy, and postpartum care, and (d) problems of substance abuse and violence.
3. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening and physical system evaluations).
4. Performs screening evaluations for mental status and mental health.
5. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
6. Demonstrates proficiency in family assessment.
7. Demonstrates proficiency in functional assessment of family members (e.g, elderly, disabled).
8. Assesses specific family health needs within the context of community assessment.
9. Identifies and plans interventions to promote health with families at risk.
10. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
11. Distinguishes between normal and abnormal change with aging.

B. Diagnosis of Health Status

The family nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the family nurse practitioner.

1. Identifies signs and symptoms of acute physical and mental illnesses across the life span.
2. Identifies signs and symptoms of chronic physical and mental illness across the life span.
3. Orders, performs, and interprets age-, gender-, and condition-specific diagnostic tests and screening procedures.
4. Analyzes and synthesizes collected data for patients of all ages.
5. Formulates comprehensive differential diagnoses, considering epidemiology, environmental and community characteristics, and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the family nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members.
2. Treats common acute and chronic physical and mental illnesses and common injuries in people of all ages to minimize the development of complications, and promote function and quality of living.
3. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations such as infants and children, pregnant and lactating women, and older adults.
4. Adapts care to meet the complex needs of older adults arising from age changes and multiple system disease.
5. Identifies acute exacerbations of chronic illness and intervenes appropriately.
6. Evaluates the effectiveness of the plan of care for the family, as well as the individual, and implements changes.
7. Evaluates patient's and/or other caregiver's support systems and resources and collaborates with and supports the patient and caregivers.
8. Assists families and individuals in the development of coping systems and lifestyle adaptations.
9. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
10. Provides care related to women's reproductive health, including sexual health, prenatal, and postpartum care.
11. Assesses and promotes self-care in patients with disabilities.
12. Performs primary care procedures, including, but not limited to, suturing, minor lesion removal, splinting, microscopy, and pap tests.

13. Recognizes the impact of individual and family life transitions, such as parenthood and retirement, on the health of family members.
14. Uses knowledge of family theories and development to individualize care provided to individuals and families.
15. Facilitates transitions between health care settings to provide continuity of care for individuals and family members.
16. Intervenes with multigenerational families who have members with differing health concerns.
17. Assists patient and family members to cope with end of life issues.
18. Applies research that is family-centered and contributes to positive change in the health of and health care delivery to families.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the family nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Maintains a sustaining partnership with individuals and families.
2. Assists individuals and families with ethical issues in balancing differing needs, age-related transitions, illness, or health among family members.
3. Facilitates family decision-making about health.

III. TEACHING-COACHING FUNCTION

These competencies describe the family nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Demonstrates knowledge and skill in addressing sensitive topics with family members such as sexuality, finances, mental health, terminal illness, and substance abuse.
2. Elicits information about the family's and patient's goals, perceptions, and resources when considering health care choices.
3. Assesses educational needs and teaches individuals and families accordingly.
4. Provides anticipatory guidance, teaching, counseling, and education for self-care for the identified patient and family.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the family nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The family nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the family nurse practitioner role. As well, the family nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Demonstrates in practice a commitment to care of the whole family.

2. Recognizes the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.
3. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of family community-based health services.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the family nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Maintains current knowledge regarding state and federal regulations and programs for family health care.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the family nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review.

Covered in the core competencies.

VII. CULTURAL COMPETENCE

These competencies describe the family nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

Covered in the core competencies.

GERONTOLOGICAL NURSE PRACTITIONER COMPETENCIES

These are entry level competencies for gerontological nurse practitioners that supplement the core competencies for all nurse practitioners. The patient population in gerontological nurse practitioner practice includes young-old, old, frail, and old-old adults. Gerontological nurse practitioners practice in multiple settings including private practice, ambulatory clinics, acute care, long-term care facilities, and the patient's home.

Upon graduation or entry into practice, the gerontological nurse practitioner should demonstrate competence in the categories described below:

I HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

The gerontological nurse practitioner is a provider of direct health care services. Within this role, the gerontological nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of gerontological nurse practitioner practice.

A. Assessment of Health Status

These competencies describe the role of the gerontological nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The gerontological nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Analyzes the relationship between normal physiology and specific system alterations produced by aging and disease processes.
2. Assesses the developmental status regarding maintenance of self-identity through later and final stages of life.
3. Assesses the dynamic interaction between acute illness and known chronic health problems in older adults.
4. Assesses elders and caregivers for abuse and/or neglect.
5. Assesses for addictive behavior.
6. Assesses health/illness by conducting a complete health history in light of physiologic and psychosocial changes of aging.
7. Performs a comprehensive physical exam considering physiologic changes of aging.
8. Performs a comprehensive functional assessment, including mental status, social support, and nutrition.
9. Assesses special risks of institutionalized older adults for common patterns of illness and communicable disease.
10. Assesses sexual function and sexual well-being in older adults.
11. Assesses roles, tasks, and stressors of informal system/family caregivers for older adults, especially the frail.

B. Diagnosis of Health Status

The gerontological nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the gerontological nurse practitioner.

1. Recognizes the commonly occurring conditions associated with aging, including differential diagnosis of delirium, dementia, and/or depression.
2. Implements screening using appropriate, age-specific instruments and guidelines and interprets results in light of expected changes associated with aging.
3. Applies knowledge of atypical presentations of disease seen with aging to the formulation of differential diagnoses.
4. Plans diagnostic strategies and orders, performs, and interprets results of laboratory tests, clinical procedures, and other tests used in diagnosis and management of older adults with specific organ system alterations.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the gerontological nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Treats acute and chronic illness and geriatric syndromes frequently manifested in older adults such as incontinence, falls, constipation, loss of functional abilities, dehydration, dementia, depression, delirium, and malnutrition.
2. Adapts interventions to meet the complex needs of older adults and frail elders arising from normal changes of aging, multiple system problems, psychosocial, and financial issues.
3. Plans therapeutic interventions to restore or maintain optimal level of functioning and when appropriate plans for palliative care.
4. Prescribes medications with knowledge of pharmacodynamics and pharmacokinetic processes in older adults with high potential for adverse drug outcomes and polypharmacy.
5. Works with an interdisciplinary health care team to plan and deliver skilled gerontological care to older adults.
6. Assists older adults or designated care agent in formulating advance directives, ethical decisions, and end-of-life care decisions.
7. Prescribes and monitors ancillary therapies for older adults in various settings (e.g. physical therapy and nutritional therapy).
8. Formulates and implements a plan of care related to sexual health and functioning in older men and women.
9. Coordinates care within a context of potentially limited endurance, financial constraints, cultural considerations, family or caregiver needs, and ethical principles.
10. Performs primary care procedures, including, but not limited to, wound debridement, pap tests, and microscopy.

11. Applies research that is older adult-centered and contributes to positive change in the health of or health care delivered to older adults.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the gerontological nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Facilitates informed and appropriate transition of older adults from one level of care to another.
2. Analyzes the impact of transitions in autonomy, relationships, and residence on the health/illness of older adults.
3. Assesses the impact of congregate/institutional living upon health/wellness of the residents and family.
4. Assists older adults and their families dealing with grief and bereavement.
5. Assists older adults, family members, and caregivers in maintaning the older adult's sense of autonomy.

III. TEACHING-COACHING FUNCTION

These competencies describe the gerontological nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Adapts teaching-learning approaches to physiological changes associated with aging.
2. Analyzes the impact of aging on the ability and readiness to learn and tailors approaches accordingly to avoid information overload.
3. Includes caregivers in teaching-learning activities when appropriate.
4. Creates an educational approach/learning environment for older adults, families, and caregivers with focus on optimal functioning.
5. Recognizes and utilizes the contributions of family and caregivers when eliciting information.
6. Elicits information skillfully about the patient's interpretation of health conditions given potential sensory and cognitive limitations of older adults, particularly the frail.
7. Demonstrates knowledge and skill in addressing sensitive topics with older adults such as sexuality, finances, mental health, substance abuse, and terminal illness.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the gerontological nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The gerontological nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the gerontological nurse practitioner role. As well, the gerontological nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Analyzes and applies theories of aging relevant to older adult roles, physical and psychological function and development.

2. Advocates within nursing settings to create/enhance positive, health promoting environments and maintains a climate of dignity and privacy.
3. Directs care and collaborates with non-professional caregivers and professional staff.
4. Recognizes the importance of participation in community and professional organizations that influence the health of older adults and supports the role of the gerontological nurse practitioner.
5. Interprets the gerontological nurse practitioner role in primary and specialty health care to other health care providers and the public.
6. Serves as a resource in the design and development of older adult community-based services.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the gerontological nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patients, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Assists older adults/caregivers/and their families to negotiate health care delivery systems.
2. Uses up-to-date knowledge of regulatory processes and payer systems, i.e., Medicare/Medicaid, Centers for Medicare & Medicaid Services guidelines, managed care, and private sources, to deliver advanced practice service to the elderly.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the gerontological nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review.

1. Assesses the impact of ageism and sexism on health care policies and systems.
2. Advocates for access to quality, cost-effective health care for older adults.

VII. CULTURAL COMPETENCE

These competencies describe the gerontological nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

Covered in the core competencies.

PEDIATRIC NURSE PRACTITIONER COMPETENCIES

These are entry level competencies for the pediatric nurse practitioner that supplement the core competencies for all nurse practitioners. Pediatric nurse practitioners deliver care to newborns, infants, toddlers, pre-schoolers, school-aged children, adolescents, and young adults. The pediatric nurse practitioner is a specialist in the care of children from birth through young adult with an in-depth knowledge and experience in pediatric primary health care including well child care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support optimal health of children within the context of their family, community, and environmental setting.

Upon graduation or entry into practice, the pediatric nurse practitioner should demonstrate competence in the categories described below:

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

The pediatric nurse practitioner is a provider of direct health care services. Within this role, the pediatric nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of pediatric nurse practitioner practice.

A. Assessment of Health Status

These competencies describe the role of the pediatric nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The pediatric nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and documents a relevant health history for children.
2. Performs age-appropriate screening for developmental and behavioral concerns, such as speech/language development, learning disabilities, and behavioral and mental health concerns.
3. Assesses the child's developmental status based on developmental theories recognizing the individual differences in temperament, reactions to selected developmental tasks and situational crises, and coping styles and strategies.
4. Identifies and analyzes factors that affect the child's growth and development such as:
   a. Genetic background
   b. Prenatal factors
   c. Temperament
   d. Family and cultural influences
   e. Parenting style
   f. Environmental milieu (e.g., day care, school, neighborhood, community)
   g. Health status
   h. Significant life events (e.g., trauma, loss, violence, etc.)

5. Adapts and performs the history and screening procedures according to the child's developmental age, behavior, and reason for contact.
6. Performs and records a complete, accurate, and systematic pediatric physical assessment.
7. Recognizes variations of normal including genetic, ethnic, physiologic, and anatomic differences.
8. Assesses for evidence of child abuse and neglect and the effects of violence on the child.
    a. Identifies situations and conditions of the child, family, school, and community that put the child at risk for abuse/neglect.
    b. Identifies behavioral signs in the child that are associated with abuse/neglect.
    c. Differentiates normal physical findings or health practices from those findings of child abuse or neglect.
9. Analyzes the family system to identify factors that influence the health of the child and adolescent, including, but not limited to:
    a. Parent occupation/education/developmental level
    b. Family support system
    c. Family dynamics
    d. Family values and beliefs
    e. Family management style
    f. Family stresses
    g. Social morbidities including poverty and illiteracy
    h. Management of and coping with chronic illness
10. Assesses patient's health risks, including, but not limited to:
    a. Developmental level
    b. Genetic/family history
    c. Immunization status
    d. Nutritional status
    e. Risk-taking behavior
    f. Environmental factors
    g. Family issues
    h. Social support
11. Assesses patient's and family's knowledge and behavior regarding leading health indicators, including, but not limited to:
    a. Physical activity
    b. Eating disorders

c. Tobacco use

d. Substance abuse

e. Responsible sexual behavior

f. Mental health

g. Injury/violence

h. Environmental quality

i. Immunizations

j. Access to health care

B. Diagnosis of Health Status

The pediatric nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the pediatric nurse practitioner.

1. Differentiates between normal and abnormal development in relation to anatomical, physiological, motor, cognitive, psychological findings, and social behavior of the child.
2. Identifies etiology, natural history, developmental considerations, pathogenesis, and clinical manifestations of common disease processes in children.
3. Identifies nutritional conditions and behavioral feeding issues.
4. Orders and interprets age and situation appropriate screening, labs, and other diagnostic tests, including, but not limited to, hematocrit, lead level, tuberculosis testing, ova, and parasites.
5. Collaborates in the diagnosis of children with special health needs and disabilities.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the pediatric nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Promotes healthy nutritional practices, including promotion and management of breastfeeding, national nutritional programs, and nutritional intake considering food preferences and avoidance of food sensitivities.
2. Provides interventions to modify behavior associated with health risks such as tobacco and substance use, lack of physical activity, nutritional patterns, sexual activity, and violence.
3. Refers children with developmental disabilities and chronic illnesses to appropriate community agencies and for family support and specialty care as needed.
4. Incorporates health objectives into individual educational plans (IEPs) for children with special needs.
5. Assists the parent/child in coping with developmental behaviors and in facilitating the child's developmental potential.

6. Manages common pediatric illnesses/conditions and behavioral problems in children.
7. Performs common primary care procedures, including, but not limited to, suturing, splinting, pap tests, and microscopy.
8. Develops, implements, and evaluates health maintenance and health promotion services for the child/family by including teaching, counseling, advising, and anticipatory guidance.
9. Activates child protection services and other resources on behalf of children at risk.
10. Prescribes drugs and other therapies recognizing the pharmacodynamic and pharmacokinetic processes and the effects of drug selection and dosing regimens on children.
11. Collaborates in planning for transition to adult health care.
12. Applies research that is child-centered and contributes to positive change in the health of or the health care delivered to children.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the pediatric nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Adapts the nurse practitioner-patient relationship to the changing nature of the child's cognitive and psycho-social development.
2. Communicates effectively with children of all developmental levels.
3. Communicates effectively with family members, including multigenerational family members.

III. TEACHING-COACHING FUNCTION

These competencies describe the pediatric nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Provides anticipatory guidance that is age or developmentally appropriate.
2. Advises regarding and supports effective parenting.
3. Assists the child in assuming responsibilities for self-care and healthy behavior in accordance with age and developmental readiness.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the pediatric nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The pediatric nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the pediatric nurse practitioner role. As well, the pediatric nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Serves as an advocate for the child/family, especially in accessing appropriate services to provide for the health, safety, and protection of the child.

2. Recognizes the importance of participating in professional and community organizations that influence the health of children and supports the role of the pediatric nurse practitioner.
3. Interprets the pediatric nurse practitioner role in primary and specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of pediatric community-based health services.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the pediatric nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care

1. Maintains current knowledge regarding state and federal programs for child and family health care.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the pediatric nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review

1. Monitors public issues that impact the delivery of health services for children and their families.

VII. CULTURAL COMPETENCE

These competencies describe the pediatric nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

1. Recognizes the influence of cultural variations on child health practices, including child rearing.

WOMEN'S HEALTH NURSE PRACTITIONER COMPETENCIES

These are entry level competencies for the women's health nurse practitioner that supplement the core competencies for all nurse practitioners. The women's health nurse practitioner provides primary care to women across the life cycle with emphasis on conditions unique to women from menarche through the remainder of their life cycle within the context of socio-cultural environments – interpersonal, family, and community. In providing care, the women's health nurse practitioner considers the inter-relationship of gender, social class, culture, ethnicity, sexual orientation, economic status, and socio-political power differentials.

Upon graduation or entry into practice, the women's health nurse practitioner should demonstrate competence in the categories described below:

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

The women's health nurse practitioner is a provider of direct health care services. Within this role, the women's health nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of women's health nurse practitioner practice.

A. Assessment of Health Status

These competencies describe the role of the women's health nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The women's health nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and documents a relevant health history, including a comprehensive obstetric and gynecologic history, with emphasis on gender-based differences.
2. Performs and documents complete, system, or symptom-directed physical examinations on women, including obstetric and gynecologic conditions/needs that include, but are not limited to, pregnancy, benign and malignant gynecologic conditions, contraception, sexually transmitted infections, infertility, perimenopause/menopause/postmenopause and other gender-specific illnesses.
3. Assesses for maternal and fetal well-being, high-risk pregnancies, depression, and pregnancy/post partum complications.
4. Assesses for disease risk factors specific to women.
5. Distinguishes female gender differences in presentation and progression of health problems and responses to pharmacological agents and other therapies.
6. Assesses social and physical environmental health risks, including teratogens, that impact childbearing.
7. Assesses for evidence of domestic violence, sexual abuse, and substance abuse.
8. Assesses issues related to sexuality.
9. Assesses parental behavior and skills and promotes smooth transition to role changes.
10. Assesses selected reproductive health needs or problems in male partners, such as sexually transmitted infections, contraception, and infertility.

11. Assesses genetic risks and refers, as needed, for testing and counseling.

B. Diagnosis of Health Status

The women's health nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the women's health nurse practitioner.

1. Diagnoses common non-gynecologic health problems and other deviations from normal and provides management, education, or referral when appropriate.
2. Identifies obstetrical and gynecologic deviations from normal, formulates a diagnosis, collaborates, and/or refers as necessary.
3. Performs and interprets screening and diagnostic procedures, including, but not limited to, pap tests, microscopy, post coital tests, and sexually transmitted infection tests.
4. Orders screening and diagnostic procedures and interprets test results, including, but not limited to, ultrasound, mammography, endometrial biopsies, colposcopy, triple screen, and fetal assessment tests, as well as age appropriate primary care screens.
5. Diagnoses acute and chronic conditions with an emphasis on reproductive/gynecologic health, including, but not limited to, pregnancy, sexually transmitted infections, infertility, benign and malignant gynecologic conditions, peri- and postmenopause, and other gender-specific conditions.
6. Recognizes the importance of specimen collection and preservation in obtaining forensic evidence in victims of sexual assault and refers for further evaluation.
7. Diagnoses selected conditions related to the male reproductive system, such as sexually transmitted infections, contraceptive needs, and infertility.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the women's health nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Provides health promotion and disease prevention services to women across the life cycle, taking into account age, developmental status, disability, culture, ethnicity, sexual orientation, spiritual/religious affiliation, and lifestyle and psychosocial issues.
2. Provides prenatal and postnatal care including, but not limited to, maternal/fetal health, parent/infant relationships, lactation and parenting skills.
3. Collaborates with other health care providers for management or referral of high-risk pregnancies.
4. Provides anticipatory guidance and counseling to pregnant women and their significant others.
5. Treats women for selected obstetric and gynecologic problems/needs, including, but not limited to, pregnancy, common gynecologic conditions, contraception, sexually transmitted infections, peri- and postmenopause, and other gender specific illnesses.
6. Provides management and education for women and men in need of family planning and fertility control.
7. Manages the treatment of sexually transmitted infections for patients and their partners.

8. Formulates and implements a plan of care for women in violent/abusive relationships and victims of sexual assault, and considers legal reporting guidelines.
9. Treats men with selected reproductive health needs or problems, such as contraception and sexually transmitted infections.
10. Manages and/or refers for primary care conditions, including, but not limited to, headaches, hypertension, urinary tract infections, upper respiratory infections, and common dermatological conditions.
11. Performs primary care procedures, including, but not limited to, pap smears, microscopy, post-coital tests, intrauterine device (IUD) insertion, and endometrial biopsies.
12. Prescribes therapies, including medications, considering pregnancy, lactation, sociocultural background, and financial resources.
13. Applies theories from the social sciences and humanities, as well as natural sciences and nursing, including feminist and culturally relevant frameworks.
14. Applies research that is women-centered and contributes to positive change in the health of women or the health care delivered to women.
15. Facilitates access to reproductive health care services and provides referrals that are provided in an unbiased, timely, and sensitive manner.

II. THE NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the women's health nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Supports a woman's right to make her own decisions regarding her health and reproductive choices within the context of her belief system.

III. Teaching – Coaching Relationship

These competencies describe the women's health nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Provides education and health promotion so that gender-specific developmental events, such as menarche, pregnancy, and menopause, remain as normative transitions.
2. Provides patient education to safeguard maternal/child health including, but not limited to, preconception care, preparation for childbirth, breastfeeding, and newborn care.
3. Demonstrates effective communication skills in addressing sensitive topics related to sexuality, risk-taking behaviors, and abuse.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the women's health nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The women's health nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the women's health nurse practitioner role. As well, women's health nurse practitioner implements

critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Recognizes contextual issues of women's health problems, such as ageism, racism, sexism, religion, cultural variations, violence against women, homophobia, gender roles, poverty, and health belief systems.
2. Recognizes the importance of participating in community and professional organizations that influence the health of women and supports the role of the women's health nurse practitioner.
3. Recognizes ethical, legal and professional issues inherent in providing care to women throughout the life cycle.
4. Recognizes the importance of participating in legislative and policy-making activities that influence women's health.
5. Interprets the women's health nurse practitioner role in primary and specialty health care to other health care providers and the public.
6. Serves as a resource in the design and development of women's community-based health services.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the women's health nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Applies knowledge regarding state and federal programs for women and newborn health care.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

These competencies describe the women's health nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review.

Covered in the core competencies.

VII. CULTURAL COMPETENCE

These competencies describe the women's health nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

Covered in the core competencies.

Section IV: Domains and Core Competencies of Nurse Practitioner Practice

The Domains and Core Competencies of Nurse Practitioner Practice are printed with permission by the National Organization of Nurse Practitioner Faculties (NONPF). This permission extends only to printing as an accompanying document to the NP primary care competencies in the adult health, family health, gerontological health, pediatric health, and women's health.

DOMAINS AND CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE

Introduction

The core competencies of nurse practitioner practice are essential behaviors of all nurse practitioners that should be demonstrated upon graduation regardless of the specialty focus of program. The domains and competencies of nurse practitioner practice constitute a conceptual framework for nurse practitioner practice and the foundation for specialty competencies.

In 1990, the National Organization of Nurse Practitioner Faculties (NONPF) released the first set of domains and competencies. NONPF subsequently updated and revised them in 1995 and 2000. The core competencies presented here additionally include revisions and recommendations made by the National and Validation Panels, as well as selected competencies found in *Curriculum Guidelines & Regulatory Criteria for Family Nurse Practitioners Seeking Prescriptive Authority to Manage Pharmacotherapeutics in Primary Care, Summary Report 1998*, published by the US Department of Health & Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing. The NONPF Board of Directors approved this version of the core competencies.

Domains and Core Competencies

All nurse practitioners should be able to demonstrate these core competencies at graduation. Each set of specialty competencies builds upon this set of core competencies. Throughout the competencies, patient is defined as the individual, family, group, and/or community.

DOMAIN 1. *Management of Patient Health/Illness Status*

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of management of patient health/illness status when she or he performs the following behaviors in the following areas.

A. Health Promotion/Health Protection and Disease Prevention

1. Differentiates between normal, variations of normal, and abnormal findings.
2. Provides health promotion and disease prevention services to patients who are healthy or have acute and chronic conditions, based on age, developmental stage, family history, and ethnicity.
3. Provides anticipatory guidance and counseling to promote health, reduce risk factors, and prevent disease and disability, based on age, developmental stage, family history, and ethnicity.
4. Develops or uses a follow-up system within the practice to ensure that patients receive appropriate services.
5. Recognizes environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families, and communities.

B. Management of Patient Illness

1. Analyzes and interprets history, including presenting symptoms, physical findings, and diagnostic information to develop appropriate differential diagnoses.

2. Diagnoses and manages acute and chronic conditions while attending to the patient's response to the illness experience.
3. Prioritizes health problems and intervenes appropriately including initiation of effective emergency care.
4. Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.
5. Formulates an action plan based on scientific rationale, evidence-based standards of care, and practice guidelines.
6. Provides guidance and counseling regarding management of the health/illness condition.
7. Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner's scope of practice and/or expertise.
8. Assesses and intervenes to assist the patient in complex, urgent, or emergency situations
    a. Assesses rapidly the patient's unstable and complex health care problems through synthesis and prioritization of historical and immediately derived data.
    b. Diagnoses unstable and complex health care problems utilizing collaboration and consultation with the multidisciplinary health care team as indicated by setting, specialty, and individual knowledge and experience, such as patient and family risk for violence, abuse, and addictive behaviors.
    c. Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health in collaboration with the patient and multidisciplinary health care team.
    d. Rapidly and continuously evaluates the patient's changing condition and response to therapeutic interventions, and modifies the plan of care for optimal patient outcomes.

Appropriate to Both Subdomains

1. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making.
2. Obtains a comprehensive and problem-focused health history from the patient.
3. Performs a comprehensive and problem-focused physical examination.
4. Analyzes the data collected to determine health status.
5. Formulates a problem list.
6. Assesses, diagnoses, monitors, coordinates, and manages the health/illness status of patients over time and supports the patient through the dying process.
7. Demonstrates knowledge of the pathophysiology of acute and chronic diseases or conditions commonly seen in practice.
8. Communicates the patient's health status using appropriate terminology, format, and technology.
9. Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease, and effectiveness of prevention and intervention.
10. Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care, and program planning.

11. Applies theories to guide practice.
12. Applies/conducts research studies pertinent to area of practice.
13. Prescribes medications based on efficacy, safety, and cost as legally authorized and counsels concerning drug regimens, drug side effects, and interactions with food supplements and other drugs.
14. Integrates knowledge of pharmacokinetic processes of absorption, distribution, metabolism, and excretion, and factors that alter pharmacokinetics in drug dosage and route selection.
15. Selects/prescribes correct dosages, routes, and frequencies of medications based on relevant individual patient characteristics, e.g., illness, age, culture, gender, and illness.
16. Detects and minimizes adverse drug reactions with knowledge of pharmacokinetics and dynamics with special attention to vulnerable populations such as infants, children, pregnant and lactating women, and older adults.
17. Evaluates and counsels the patient on the use of complementary/alternative therapies for safety and potential interactions.
18. Integrates appropriate nonpharmacologic treatment modalities into a plan of management.
19. Orders, may perform, and interprets common screening and diagnostic tests.
20. Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly, and consults/refers when needed.
21. Collaborates with other health professionals and agencies as appropriate.
22. Schedules follow-up visits to appropriately monitor patients and evaluate health/illness care.

DOMAIN 2. *The Nurse Practitioner-Patient Relationship*

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of the nurse practitioner-patient relationship when s/he:

1. Creates a climate of mutual trust and establishes partnerships with patients.
2. Validates and verifies findings with patients.
3. Creates a relationship with patients that acknowledges their strengths and assists patients in addressing their needs.
4. Communicates a sense of "being present" with the patient and provides comfort and emotional support.
5. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
6. Applies principles of self-efficacy/empowerment in promoting behavior change.
7. Preserves the patient's control over decision making, assesses the patient's commitment to the jointly determined, mutually acceptable plan of care, and fosters patient's personal responsibility for health.
8. Maintains confidentiality while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care.

9. Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
10. Considers the patient's needs when termination of the nurse practitioner-patient relationship is necessary and provides for a safe transition to another care provider.
11. Evaluates patient's and/or caregiver's support systems.
12. Assists the patient and/or caregiver to access the resources necessary for care.

DOMAIN 3. *The Teaching-Coaching Function*

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of the teaching-coaching function when s/he:

Timing

1. Assesses the patient's on-going and changing needs for teaching based on a) needs for anticipatory guidance associated with growth and developmental stage, b) care management that requires specific information or skills, and c) patient's understanding of his/her health condition.
2. Assesses patient's motivation for learning and maintenance of health related activities using principles of change and stages of behavior change.
3. Creates an environment in which effective learning can take place.

Eliciting

1. Elicits information about the patient's interpretation of health conditions as a part of the routine health assessment.
2. Elicits information about the patient's perceived barriers and supports to learning when preparing for patient's education.
3. Elicits from the patient the characteristics of his/her learning style from which to plan and implement the teaching.
4. Elicits information about cultural influences that may affect the patient's learning experience.

Assisting

1. Incorporates psycho-social principles into teaching that reflect a sensitivity to the effort and emotions associated with learning about how to care for one's health conditions.
2. Assists patients in learning specific information or skills by designing a learning plan that is comprised of sequential, cumulative steps and that acknowledges relapse and the need for practice, reinforcement, support, and re-teaching when necessary.
3. Assists patients to use community resources when needed.
4. Educates patients about self-management of acute/chronic illness with sensitivity to the patient's learning ability and cultural/ethnic background.

Providing

1. Communicates health advice, instruction and counseling appropriately using evidence-based rationale.

Negotiating

1. Negotiates a mutually acceptable plan of care based on continual assessment of the patient's readiness and motivation, resetting of goals, and optimal outcomes.
2. Monitors the patient's behaviors and specific outcomes as a useful guide to evaluating the effectiveness and need to change or maintain teaching strategies, such as weight-loss, smoking cessation, and alcohol consumption.

Coaching

1. Coaches the patient throughout the teaching processes by reminding, supporting, encouraging, and the use of empathy.

DOMAIN 4. *Professional Role*

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of professional role when she or he:

Develops and Implements Role

1. Uses scientific theories and research to implement the nurse practitioner role.
2. Functions in a variety of role dimensions: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher, and leader.
3. Interprets and markets the nurse practitioner role to the public, legislators, policy-makers, and other health care professions.
4. Advocates for the role of the advanced practice nurse in the health care system.

Directs Care

1. Prioritizes, coordinates, and meets multiple needs and requests of culturally diverse patients.
2. Uses sound judgment in assessing conflicting priorities and needs.
3. Builds and maintains a therapeutic team to provide optimum therapy.
4. Obtains specialist and referral care for patients while remaining the primary care provider.
5. Advocates for the patient to ensure health needs are met.
6. Consults with other health care providers and private/public agencies.
7. Incorporates current technology appropriately in care delivery.
8. Uses information systems to support decision-making and to improve care.

Provides Leadership

1. Recognizes the importance of participating in professional organizations.
2. Evaluates implications of contemporary health policy on health care providers and consumers.
3. Participates in legislative and policy-making activities that influence advanced nursing practice and the health of communities.
4. Advocates for access to quality, cost-effective health care.
5. Evaluates the relationship between community/public health issues and social problems (poverty, literacy, violence, etc.) as they impact the health care of patients.

DOMAIN 5. *Managing and Negotiating Health Care Delivery Systems*

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of managing and negotiating health care delivery systems when she or he:

Managing

1. Demonstrates knowledge about the role of the nurse practitioner in case management.
2. Provides care for individuals, families, and communities within integrated health care services.
3. Considers access, cost, efficacy, and quality when making care decisions
4. Maintains current knowledge of the organization and financing of the health care system as it affects delivery of care.
5. Participates in organizational decision making, interprets variations in outcomes, and uses data from information systems to improve practice.
6. Manages organizational functions and resources within the scope of responsibilities as defined in a position description.
7. Uses business and management strategies for the provision of quality care and efficient use of resources.
8. Demonstrates knowledge of business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.
9. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services.

Negotiating

1. Collaboratively assesses, plans, implements, and evaluates primary care with other health care professionals using approaches that recognize each one's expertise to meet the comprehensive needs of patients.
2. Participates as a key member of an interdisciplinary team through the development of collaborative and innovative practices.
3. Participates in the planning, development, and implementation of public and community health programs.

4. Participates in legislative and policy-making activities that influence health services/practice.
5. Advocates for policies that reduce environmental health risks.
6. Advocates for policies that are culturally sensitive.
7. Advocates for increasing access to health care for all.

DOMAIN 6. *Monitoring and Ensuring the Quality of Health Care Practice*

COMPETENCIES

The nurse practitioner demonstrates competence in the domain of monitoring and ensuring quality health care practice when she or he:

Ensuring Quality

1. Interprets own professional strengths, role, and scope of ability to peers, patients, and colleagues.
2. Incorporates professional/legal standards into practice
3. Acts ethically to meet the needs of patients.
4. Assumes accountability for practice and strives to attain the highest standards of practice.
5. Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.
6. Collaborates and/or consults with members of the health care team about variations in health outcomes.
7. Uses an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.
8. Evaluates the patient's response to the health care provided and the effectiveness of the care.
9. Uses the outcomes of care to revise care delivery strategies and improve the quality of care.
10. Accepts personal responsibility for professional development and the maintenance of professional competence and credentials.
11. Considers ethical implications of scientific advances and practices accordingly.

Monitoring Quality

1. Monitors quality of own practice and participates in continuous quality improvement based on professional practice standards and relevant statutes and regulation.
2. Evaluates patient follow-up and outcomes including consultation and referral.
3. Monitors research in order to improve quality care.

DOMAIN 7. *Cultural Competence*

Competencies

The nurse practitioner demonstrates cultural competence when she or he:

1. Shows respect for the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, sexual orientation, and ethnicity.
2. Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.
3. Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles.
4. Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways.
5. Incorporates cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.
6. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
7. Accesses culturally appropriate resources to deliver care to patients from other cultures
8. Assists patients to access quality care within a dominant culture.
9. Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care

Spiritual Competencies

1. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/her humanity.
2. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.
3. Assesses the influence of patient's spirituality on his/her health care behaviors and practices.
4. Incorporates patient's spiritual beliefs in the plan of care appropriately.
5. Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision-making and care.
6. Respects wishes of patients and families regarding expression of spiritual beliefs.

Specific competencies reflect the role of the nurse practitioner in relation to genetics screening, counseling, prevention, and treatment of genetic disease. We wish to highlight this role in light of the recent scientific advancements and the role of nurse practitioners in incorporating this new knowledge to benefit patients. The National Coalition for Health Professional Education in Genetics (NCHPEG) has developed core competencies in genetics essential for all health care professionals. Please refer to the NCHPEG Web site for further information and the competencies: http://www.nchpeg.org. NONPF reviewed these competencies in fall 2000.

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Appendix A: Endorsements

ENDORSEMENTS

The following organizations endorse the Primary Care Competencies in one or more areas of Adult, Family, Gerontological, Pediatric, and Women's Health:

American Academy of Nurse Practitioners

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Occupational Health Nurses

American College of Nurse Practitioners

American Organization of Nurse Executives

American Nurses Association

American Nurses Credentialing Center

Association of Faculties of Pediatric Nurse Practitioners

Association of Women's Health, Obstetric, and Neonatal Nurses

Commission on Collegiate Nursing Education

National Association of Hispanic Nurses

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Practitioners

National Certification Board of Pediatric Nurse Practitioners & Nurses

National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties

National Conference of Gerontologic Nurse Practitioners

National Council of State Boards of Nursing

National Organization of Nurse Practitioner Faculties

Appendix B: National Panel

NATIONAL PANEL

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Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
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National Association of Nurse Practitioners in Women's Health (NPWH)
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The National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N)
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National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)
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NONPF Task Force on Family Nurse Practitioner Competencies:
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NONPF Task Force on Gerontological Nurse Practitioner Competencies:
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NONPF Task Force on Women's Health Nurse Practitioner Competencies:
Linda Andrist, PhD, RNC, WHNP

Appendix C: Organizations Represented on National Panel

ORGANIZATIONS PARTICIPATING IN NATIONAL PANEL

American Academy of Nurse Practitioners Certification Program (AANPCP): Established in 1985, the American Academy of Nurse Practitioners is a full-service organization for nurse practitioners. Its Certification Program offers competency-based certification to adult and family nurse practitioners and has carried out role delineation studies.

American Association of Colleges of Nursing (AACN): AACN represents more than 560 schools of nursing at public and private institutions nationwide. In this role AACN has established consensus-based standards for bachelor's and graduate-degree nursing education. Their publication, *The Essentials of Master's Education for Advanced Practice Nursing* (1996), delineates the essential core components of master's education for all nursing students and the advanced practice nursing core content.

American Nurses Credentialing Center (ANCC): The ANCC is the credentialing body of the American Nurses Association, providing certification of nurses and accreditation of continuing education providers. ANCC offers certification examinations for the adult, family, gerontological, pediatric, school health, and acute care nurse practitioners. ANCC bases its current competencies and test content for the specialty NP roles on the outcome of its November 1998 *Role Delineation Studies of Nurse Practitioners: A Final Report.*

Association of Faculties of Pediatric Nurse Practitioners (AFPNP): Representing the pediatric nurse practitioner educator perspective, the AFPNP has delineated terminal competencies for pediatric nurse practitioner programs in the *Philosophy, Conceptual Model, Terminal Competencies for the Education of Pediatric Nurse Practitioners.* As early as 1975, faculty in PNP programs established the major curricular content for these programs and went on to develop in greater detail the guidelines for the development of PNP programs in the first Philosophy document published in 1982. This document was revised in 1988, and again updated in 1996.

Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN): Representing over 22,000 nurses, AWHONN addresses practice, research, and education issues in women's health, obstetric, and neonatal nursing care. AWHONN and NPWH jointly prepared *The Women's Health Nurse Practitioner: Guidelines for Practice and Education* containing the competencies for the women's health nurse practitioner role.

National Association of Nurse Practitioners in Women's Health (NPWH): In collaboration with AWHONN, NPWH developed competencies for women's health nurse practitioners. These competencies form the basis for the accreditation of women's health NP programs. NPWH's program for accreditation has been recognized by the Department of Education. NPWH has completed a process for validation to meet the Department of Education's requirements.

National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC): NCC offers a certification program for nurses in the obstetric, gynecologic, and neonatal nursing specialties. They provide certification for the women's health nurse practitioner and have produced the *NCC Task Analysis Content Validity Study. Women's Health Care Nurse Practitioner.* 1999.

National Organization of Nurse Practitioner Faculties (NONPF): Representing over 1100 faculty in nurse practitioner educational programs, NONPF provides leadership to promote quality nurse practitioner education. NONPF's document, *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education,* provides the framework for nurse practitioner educational programs and includes recommended core competencies for graduates of all nurse practitioner educational programs. NONPF convened four task forces within the Education Committee to develop adult, family, gerontological, and women's health nurse practitioner competencies that build on the NONPF core competencies.

The National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N): Established in 1975,the NCBPNP/N is the leading certification organization for pediatric nurses offering the National Qualifying Exam for PNPs endorsed by the AFPNP, the National Association of PNPs (NAPNAP) and the American Academy of Pediatrics (AAP). The NCBPNP/N conducts comprehensive PNP Program Review to recognize graduate programs that have met AFPNP standards for PNP education. The NCBPNP/N designs and updates its national PNP certification exam (NQE) through incorporation of nationally recognized PNP education standards and PNP role delineation research. Results of the latest role delineation research are published as *Role Delineation Study of Pediatric Nurse Practitioners:*

Appendix D: Organizations Represented on Validation Panel

ORGANIZATIONS REPRESENTED ON THE VALIDATION PANEL

American Academy of Nurse Practitioners

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Occupational Health Nurses

American College of Nurse Practitioners

American Nurses Credentialing Center

Asian American Pacific Islander Nurses Association

Association of Faculties of Pediatric Nurse Practitioners

Association of Women's Health, Obstetric, and Neonatal Nurses

Commission on Collegiate Nursing Education

Fallon Healthcare System

Hartford Institute for Geriatric Nursing

Kaiser Permanente

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Associates and Practitioners

National Certification Board of Pediatric Nurse Practitioners and Nurses

National Certification Corporation for the Obstetric, Gynecologic, & Neonatal Nursing Specialties

National Conference of Gerontological Nurse Practitioners

National League for Nursing Accrediting Commission

National Organization of Nurse Practitioner Faculties

Oncology Nursing Society

Planned Parenthood Federation

Appendix E: Definition of Terms

DEFINITION OF TERMS

Core Competencies: Competencies for entry-level nurse practitioners upon graduation from a nurse practitioner program, regardless of population or specialty care focus.

Entry-Level: The level of experience of the nurse practitioner upon graduation from a nurse practitioner educational program who is commencing his/her clinical practice as an advanced practice nurse.

National Panel: A small working group representing the five primary care nurse practitioner (NP) specialties of adult, family, gerontological, pediatric, and women's health, as well as the major credentialing and certifying agencies for nurse practitioners. This group identified and agreed on the primary care competencies in the five specialty areas. Following review by the Validation Panel, the National Panel revised the competencies based on this feedback and reached consensus on the final primary care competencies in the five specialty areas.

Validation Panel: Individuals nominated by a broad representation of NP and nursing related organizations from both practice and education to review the primary care competencies to assess their relevance, specificity, and comprehensiveness. Individuals reviewed competencies for only one specialty area, assigned on the basis of their specialty background. Competencies for the family competencies included review by individuals representing a mix of specialty preparation.

Primary Care Competencies: Refers to the nurse practitioner comprehensive competencies for adult, family, gerontological, pediatric, and women's health.

References: The supporting material for the primary care competencies. This list reflects literature and reports identified by the National Panel as the foundation for developing these competencies.

Specialty Areas: A term to recognize the specific focus of a nurse practitioner program track. This term can be used to define the population focus of the track and is not synonymous with the term "specialty care," which may denote the clinical area of practice.

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